U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Managemer and Budget No. 1215-0188 Expires 11-30-2006

his report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

CMS of				
1. File Number U - 6606	2. Fiscal Year Covered From:			
	01 / 01 / 2004 Through: $12 / 31 / 2004$			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Charles S Hughart	Name IBEW Local Union 702			
	Labor Organization File Number 022–643			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 1700 Oakshire Road	Street 106 North Monroe Street			
City Marion	City West Frankfort			
State Illinois ZIP Code + 4 62959	State Illinois ZIP Code + 4 62896			
5. Position in labor organization. Business Representative				
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	sions set forth in the instructions):			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
City				
State ZIP Code + 4				
Signa				
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompanying dersigned's knowledge and belief, true, correct, and complete. (See the second complete.)	ng documents) has been examined by the signatory and is to the best of the			
Signed Marles X. Hughart	On 07/11/05 (618) 993-3172 Date Telephone Number			
<i>U</i>	Date Telephone Number _			

Name of Person Filing Charles S. Hughart	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active the new part of which consists of buying from or selling or leasing directly or indusing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
Office Control of the	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	<u></u>
State ZIP Code + 4	12.a. Nature of interest field of income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).	On 5/20/05, received 2 ticked St. Louis Cardinals baseball	
Name Schuchat, Cook, and Werner		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 1221 Locust Street		
City St. Louis		
te Missouri ZIP Code + 4 63103		
13.b. Is the Business an Employer or Consultant X ?	14.b. Amount of payment.	\$74.00

Name of Person Filing Charles S. Hughart		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionly part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the busines: vely seeking to represent, or directly to, or otherwise	s	
8 Name and address of Business (including trade name, if any) Name Trade Name, if any. P O Box, Bldg , Room No if any Street City State ZIP Code + 4	9 Business deals with: a Labor Organiza b Trust c Employer		
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street ZIP Code + 4	11.b. Approximate dollar value of interest hel	ue of such dealing	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Muelhausen and Stefani Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 55 W. Wacker Drive, Suite 1200 City Chicago Je IL ZIP Code + 4 60601	or other thing of value. 14.a. Nature of payment.	tickets to the Sall game.	St. Louis
13.b. Is the Business an Employer or Consultant X ?	14.b. Amount of payment.		\$ 148.00

Name of Person Filing Charles S. Hughart	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or iny part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise and with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9 Business deals with			
Name '				
Trade Name, if any	a Labor Organization b Trust			
P.O. Box, Blog., Room No., if any	c Employer			
Street	C Employer			
City				
State ZIP Code + 4				
10. If 9 b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing			
	12 a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Muelhausen and Stefani	Received one meal at the IBEV luncheon.	V Christmas		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street 55 W. Wacker Drive, Suite 1200				
City Chicago				
te II. ZiP Code + 4 60601		and the second seco		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$29.95		
	<u></u>			